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ABSTRACT

In 1991, the Sex Information and Education Council of the United States (SIECUS) developed guidelines for presenting age appropriate, comprehensive sexuality education. This publication reports on a 1993 study, using these guidelines as a framework to assess sexuality education curricula and guidelines in the United States. A survey instrument was sent to each of the state and territorial education agencies. Data analysis suggested that the vast majority of states have developed a strong framework for building comprehensive sexuality education programs; that the states have laws or policies recommending or requiring sexuality education and have developed sexuality education curricula or guidelines to provide program guidance to local school districts; and that these curricula or guidelines include abstinence messages as well as positive and affirming statements about human sexuality. However, many state guides omit sexual behavior topics and exclude topics that are considered controversial, such as sexual orientation and abortion. A series of recommendations, developed by SIECUS, are offered to assist states in enhancing sexuality education. The report concludes by citing the states with the most outstanding sexuality education curricula--Alaska, Iowa, Kansas, and Rhode Island. (LL)

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A SIECUS Assessment of State Sexuality Education Programs

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COMPREHENSIVE SEXUALITY EDUCATION: Establishing the Standard for Analysis

Sexuality education is embraced by the majority of parents, state education agencies, and national professional organizations. Controversies arise, however, about what topics should be included and at what grade level.

In October 1991, SIECUS published the *Guidelines for Comprehensive Sexuality Education, K-12* (referred to in this report as the *Guidelines*). They present the model for comprehensive sexuality education and are designed to provide a framework for developing comprehensive programs as well as for evaluating existing programs.

The *Guidelines* were developed by the National Guidelines Task Force. Composed of 20 professionals in the fields of medicine, education, sexuality, and youth services, the Task Force includes representatives from such prestigious organizations as the American Medical Association, the March of Dimes Birth Defects Foundation, Planned Parenthood Federation of America, the National Education Association, the American School Health Association, and the National School Boards Association.

The *Guidelines* consist of six key concepts, which are broken down into 36 topics. Key concepts cover: Human Development, Relationships, Personal Skills, Sexual Behavior, Sexual Health, and Society and Culture. Each topic area is further divided into four instructional levels: early elementary, upper elementary, middle/junior high, and high school.

The *Guidelines* also offer developmental messages that are age appropriate for teaching at each of these school levels. There are over 700 developmental messages presented in the *Guidelines*. They offer a carefully constructed and sequenced approach to the delivery of comprehensive sexuality education.

PURPOSE OF THIS STUDY

In early 1993, this study was initiated, using the *Guidelines* as the model framework for assessing state sexuality education curricula and guidelines. This study was designed to answer such questions as:

- Do state education agencies encourage sexuality education at all grade levels?
- Do state requirements or recommendations for sexuality education cover the majority of the topics recommended by the *Guidelines*?

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- How do the states deal with the more controversial but nonetheless critical issues in sexuality education?

- How close do the states come in covering those topics recommended by the National Guidelines Task Force?

Methodology

There are three components to this study:

State Survey: A 20 question survey was sent to each of the state and territorial education agencies. Responses were received from 48 states plus the District of Columbia, Puerto Rico, and American Samoa (n=51). New Hampshire and Texas were the only nonrespondents. Some of the survey questions were answered by fewer than all 51 respondents. Thus, state percentages in this study are calculated on the basis of total responses to individual questions. The survey instrument contained questions about: status of state law and policy, state-developed curricula/guidelines, placement of sexuality education within subject areas, monitoring of local implementation, teacher preparation and certification, parental options, advisory committee involvement in preparation of programs, and existence of community controversies.

Content Analysis: SIECUS staff conducted a content analysis of submitted materials, using the *Guidelines for Comprehensive Sexuality Education, K-12*, as the basis for evaluating state documents. The content analysis determined: inclusion of six key concepts and 36 topics, thoroughness of discussion, grade levels at which topics were included, and inclusion of values inherent in the *Guidelines*.

In response to initial and follow-up requests, 40 states submitted materials for review. Twenty-eight state-developed curricula or guidelines for sexuality education were reviewed by SIECUS. Materials from 12 states were eliminated from the analysis because they did not constitute curricula or guidelines (i.e., some states submitted only state law or policy position statements) or were prepared by an entity other than the state.

Recommendations: Recommendations for improving state sexuality education programs were developed by SIECUS staff based upon study findings.

"Abstinence can be a positive choice regarding sexual behavior for teenagers....Sexually active teenagers may be faced with the need to make many more difficult decisions....The best method of prevention of STD's and AIDS is abstinence."

Kansas: *Human Sexuality and AIDS Education Addendum*

States have taken a variety of steps, both bold and tentative, to guide the nation's schools in providing sexuality education to students. Findings from a SIECUS survey of 48 states, the District of Columbia, Puerto Rico, and American Samoa reveal that the vast majority of states have developed a strong framework for building comprehensive sexuality education programs. Forty-seven states have laws or policies recommending or requiring sexuality education. In addition, 38 states, the District of Columbia, and Puerto Rico have developed sexuality education curricula or guidelines to provide program guidance to local school districts.

Almost all state curricula guides include abstinence messages as well as positive and affirming statements about human sexuality. However, many states guides omit sexual behavior topics; exclude topics that are considered controversial, such as sexual identity and orientation and abortion; lack thorough coverage of topics throughout grades Kindergarten - Twelve (K-12), particularly in the elementary grades; and lack balanced coverage of abstinence and safer sex. These shortcomings indicate that -- although states have established a foundation for sexuality education programs -- their work is as of yet unfinished.

States Have Developed Foundation For Sexuality Education

The preponderance of state laws, policies, and curricula or guidelines concerning sexuality education demonstrates a strong commitment by states for providing sexuality education to the nation's students. States are far more likely to develop guidelines (35 states) than curricula (17 states), suggesting a preference to defer to local discretion concerning the specifics of program design. Sexuality education programs also tend to be framed within the context of a subject other than sexuality, usually health education. Thirty states have developed their programs with the input of advisory committees designed to garner a broad array of perspectives.

Most states do not have teacher training or certification requirements for instructors of sexuality education. Only 27% require teach of sexuality education to be certified in a specific field, and only nine states mandate training as a prerequisite for teaching sexuality education. Forty-one states do not have any sexuality education teacher training requirements. Additionally, only 16 states have regulations monitoring local efforts.

Gaps Exist in Curricula and Guidelines

Of the 28 state guides reviewed by SIECUS, those that stand alone as separate sexuality education or family-life documents are generally more comprehensive than documents integrated within a broader health education framework. Regardless of the framework, however, a thorough discussion

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about topics is not common. Most guidelines and curricula do not provide detailed age- appropriate developmental messages. Human development (i.e., anatomy, puberty, body image); relationships (i.e., family parenting, friendship); personal skills (decision-making and communications; and sexually transmitted diseases (STDs) and HIV infection are the topics most commonly covered in state guides.

Unfinished Business

- **Fewer than one-third of state guides include any sexual behavior topic other than abstinence.** Masturbation, shared sexual behavior, human sexual response, fantasy, and sexual dysfunction are covered by ten or fewer state curricula guides. Additionally, when states do discuss sexual behavior, they tend to focus on the negative consequences of sexual activity rather than promoting sexual health and responsible decision-making. States also lack a balanced discussion about abstinence and safer sex. This results in a failure to provide guidance to the more than half of adolescents who report that they have already engaged in sexual intercourse by age 17.

- **States often omit a number of subjects that might be considered controversial.** Very few states discuss such topics as sexual identity and orientation (13 states), abortion (11 states), and sexuality and religion (four states). Reluctance to cover these subjects may leave many students reliant upon information provided by unreliable sources, both outside the classroom and outside the home. Fortunately, only six states have specific provisions that restrict the content of instruction, including the prohibition of discussion about contraceptive use among unmarried minors, abortion, and homosexuality.

- **Personal skills are most often presented in state curricula and guides as "just say no" instruction.** These kind of instructions do not provide corresponding refusal skills or assertiveness messages.

- **State curricula and guidelines often do not cover sexuality education topics in the early grades.** Twenty-six of the 28 state curricula and guidelines reviewed by SIECUS are designed for K-12 or K-1. Yet fewer than half cover specific sexuality education topics in elementary grades, particularly grades K-3. These omissions result in a failure to provide students with a foundation of early learning from which later instruction can take place.

"The student will recognize the development of sexuality as an aspect of the total personality."

Virginia: *Family Life Education*

Highlight of Survey Findings

Almost all states recommend or require sexuality education: Forty-seven states either recommend or require sexuality education through state law or policy.

Most have developed sexuality education curricula or guides: The vast majority of respondents—78 percent (38 states, the District of Columbia, and Puerto Rico)—have developed guidance for schools (through guidelines and/or curricula) on which sexuality education topics are appropriate to discuss with students. Most are framed within a general health education curriculum. Eleven respondents (10 states and American Samoa) have not developed guidelines or curricula.

Guidelines are more common: States are far more likely to develop guidelines (35 states) as compared to curricula (17 states). However, regardless of whether documents were identified by the states as curricula or guidelines, little distinction was evident in their scope or format.

Sexuality education is typically framed within health education: Sexuality education is typically taught as a component of a broader subject. Most commonly it is developed within health education (44 states).

Fewer than half of the states have identified a lead person for sexuality education: Only 24 states (47 percent) have an identified staff person in charge of sexuality education.

Certification for teachers of sexuality education is uncommon: More than one-fourth of states (14 states or 27 percent) require teachers of sexuality education to be certified in a specific field. Only nine states (18 percent) require training as a condition of teaching sexuality education.

Training requirements are rare: Forty-one states do not have any sexuality education teacher training requirements. However, 22 states do provide such training; 17 update their training annually.

Many states have advisory committees: Thirty states have established a state school/community advisory committee to develop, review, or recommend appropriate sexuality education materials and concepts to be taught at various grade levels; 18 states have not yet done so.

Monitoring of local implementation is infrequent: Only 16 states have state regulations that monitor the implementation of sexuality education at the local level.

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Highlight of Content Analysis Findings

The SIECUS content analysis is based upon the *Guidelines for Comprehensive Sexuality Education K-12*, an outline for a comprehensive approach to sexuality education. The analysis shows that states have provided extensive guidance in some topic areas but only briefly discuss or entirely omit other important topics. As a result, many sexuality education programs are incomplete.

Topics most commonly and thoroughly covered in order include:

1) body image,
2) reproductive anatomy,
3) puberty,
4) decision-making skills,
5) families,
6) abstinence,
7) STDs and HIV/AIDS,
8) sexual abuse, and
9) gender roles.

Other topics covered, albeit not thoroughly, include: dating, assertiveness skills, contraception, and reproductive health.

Abstinence is covered by all but one of the state curricula and guidelines. It is not, however, adequately balanced by safer sex messages. Only 21 states cover contraception, mostly in general overview language; only half that number include grade-specific information about contraception. Furthermore, only a handful of state guides provide specific information on condoms.

States rarely cover — or only superficially discuss — topics such as sexual behavior, condoms, masturbation, sexual identity and orientation, abortion, and sexuality and religion.

Topics most frequently covered: Topics most commonly covered, at all grade levels, include human development (e.g., anatomy, puberty, body image); relationships (e.g., family, parenting, friendship); and personal skills (decision-making and communication). Topics, however, are typically covered in state guides either in overview language or in a small number of grade levels. As a consequence, grade specific coverage is much lower throughout all topic areas.

Topics are covered by states as follows:

- human development topics such as anatomy, puberty (26 states), and body image (23 states);

- relationships topics such as family (all states), parenting (24 states), friendship (22 states);
- skills topics such as decision-making (28 states), values (26 states), and communication (25 states), most often framed around promoting abstinence;
- abstinence (27 states), which is the only sexual behavior topic commonly covered;
- sexual abuse (22 states);
- breaking down gender role stereotypes (21 states).

Topics least commonly discussed: Fewer than one-third of state documents discuss sexual behavior. Exceptions include abstinence and general statements affirming that sexuality is a natural and healthy part of life. Very few states cover all of the topics in the sexual behavior concept area.

The content analysis reveals that states cover these topics as follows:

1) masturbation (10 states);
2) shared sexual behavior (9 states);
3) human sexual response (4 states);
4) fantasy (1 state); and
5) sexual dysfunction (1 state).

Other infrequently covered topics are often considered "controversial": The majority of state curricula guides do not fully address—or omit entirely—such topics as sexual identity and orientation, abortion, and sexuality and religion, and sexuality and the arts.

1) sexual identity and orientation (13 states);
2) abortion (11 states);
3) sexuality and religion (4 states); and
4) sexuality and the arts (4 states).

Personal skills often don't provide practical learning opportunities: Personal skills are most often presented in state curricula guides as "just say no" instruction but do not provide corresponding refusal skills or assertiveness messages to help young people learn how to put these themes into practice. Less commonly found in state curricula guides are such personal skills

messages as: "Good communication about sexuality enhances relationships" or "To negotiate, one must decide what trade-offs can be accepted and what issues cannot be compromised."

Thoroughness of state curricula guides varies widely: While most of the 28 state documents reviewed by SIECUS cover the six key concept areas that comprise the basis for a comprehensive sexuality education program, there is significant variation in their content and thoroughness.

- Those curricula guides that stand alone as separate sexuality education or family life documents are generally more comprehensive than components that are integrated within a broader health education framework.

- Thorough discussion of topics is not common in state documents. On average, thorough discussion is present in only half of the state documents. Most guidelines and curricula confine discussion to basic identification of topics but do not provide detailed discussion through specific developmental messages.

- On average only half of the state curricula guides contain clear discussion of topics at specific grade levels. More commonly, the topic is mentioned only once or a few times or is discussed in general terms but not within the specific context of instruction in particular grade levels. In grades K-3, topics are clearly stated in fewer than half of the reviewed state documents; for some topics, only one-third or fewer of state guides cover them. For grades 4-6, topics are clearly identifiable in less than half of state documents. Even in junior and senior high levels, topics are clearly identifiable in only half of the state documents.

Elementary grades are less likely to cover specific topics: Even though most state curricula guides are designed for K-12 (i.e., 25 of the 28 reviewed state guides), many topics are not included in elementary grades. With few exceptions, grades K-6 are far less likely to include discussion of such topics as sexual health, love, dating, parenting, marriage, and sexual behavior. Grades K-3 are even less likely to include discussion on these as well as other topics (e.g., reproductive anatomy and physiology, reproduction, puberty, communication, and assertiveness). Other topics—such as sexual identity and orientation, masturbation, and abortion—are omitted entirely in elementary grades.

Just as familiarity with numbers and counting is introduced in elementary school to prepare children for algebra in junior high, the National Guidelines Task Force recommended that most sexuality education subjects be introduced in elementary schools. For example, although methods of contraception are not recommended for discussion until middle school, an

appropriate introduction to contraception at the earliest level is found in such messages as "All children should be wanted" and "Each family can decide how many children to have, if any." Yet in grades K-3, only two topics—body image (14 states) and families (16 states)—are included in over half of the reviewed state guides.

Very few curricula guides contain restrictions on content: A relative handful, six states, have restrictive provisions on content of instruction, such as prohibitions on discussing contraceptive use among unmarried minors, abortion, or homosexuality.

Gaps Likely Due to Potential Controversies

> "The sex education portion of the curriculum is the most problematic. Schools often either delete important portions of the curriculum because of disagreement about content or limit the curriculum to an elective senior high school course." -*California Family Life/Sex Education Guidelines*-

> "An educational system designed to serve the needs of a democratic society does not function without controversy....It is within this framework of educating for democratic citizenship that one must view human sexuality education." -*Kansas, Human Sexuality and AIDS Education Guidelines*-

These statements acknowledge the challenges facing states seeking to provide students with accurate and comprehensive information about sexuality. According to national surveys: nine out of 10 parents want their children to receive sexuality education in the schools. Yet, SIECUS estimates that fewer than 10 percent of children in America receive comprehensive sexuality education instruction throughout their schooling.

Reviews of state sexuality education curricula and guidelines reveal that documents are often shaped by conflict, controversy, or fear of division. Like California and Kansas, many states acknowledge the presence of controversy over sexuality education.

Yet, the minimal coverage—or exclusion—of topics considered controversial provides stark evidence that decisions about course content are sometimes guided by forces external to health education principles.

Exemplary Programs

SIECUS has identified four state curricula and guidelines as providing strong state frameworks: Alaska, Iowa, Kansas, and Rhode Island. They

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were identified by SIECUS as having exemplary programs based upon the *Guidelines* content analysis, with: full discussion of a range of topics in an age appropriate manner; inclusion of the values inherent in the *Guidelines* (e.g., a positive view on sexuality, respect for diversity); coverage of the three learning domains (cognitive, affective, and skills); and clear instruction to teachers on how to provide educational messages. These programs are highlighted in the Exemplary Programs section of this report.

"It is imperative that positive attitudes toward one's self are encouraged in the classroom and that the children receive a basic understanding of human sexuality concepts. Sex and family life education can assist children in developing good feelings about themselves and their bodies, and in realizing that there are many healthy choices regarding feelings, friendships and in being male or female. If a child's first sex and family life educational experience is positive, it will reinforce respect of self and others and the value of the family, and serve as a supplementary force in setting the foundations for healthy sexuality in children." (Perspective statement to teachers of Sex and Family Life, K-3)

Rhode Island: ***Comprehensive Health Instructional Outcomes***

Almost All States Recommend or Require Sexuality Education
Forty-seven states recommend or require sexuality education. Thirty states encourage sexuality education and 17 other states require it. Prior to 1986, only Maryland, New Jersey, Kansas, and the District of Columbia mandated sexuality education.

Most Have Developed Sexuality Education Curricula/Guidelines
Seventy-eight percent or 40 respondents (38 states, the District of Columbia, and Puerto Rico) have developed their own guidelines and/or curricula to guide local schools in providing sexuality education. Eleven of the respondents (10 states and American Samoa) have not developed guidelines or curricula.

Most states classify their documents, no matter how extensive, as guidelines:

- 35 states (69 percent) have developed guidelines; and
- 17 states (33 percent) have developed curricula.

This distinction reflects the philosophy of providing discretion to localities on how to provide instruction in specific topic areas. These guidance documents vary widely, from K-12 programs with extensive guidance to brief policy statements that provide a broad overview of topics to be discussed. Of the 28 reviewed state documents, 25 states cover grades K-12 or 1-12. Two cover junior and senior high only (grades 7-12) and one covers K-6 only.

Of the 28 curricula/guidelines reviewed by SIECUS in the content analysis, 17 are within the framework of a health education document, 10 are within family life and sexuality education, and one is placed under a human development and growth context. Those that stand as separate sexuality education or family life documents are generally more comprehensive.

Prohibitive Language Limits Scope of Programs
Only six of the 51 respondents prohibit specific topics, once again reflecting the state philosophy of deferring to local discretion. Restrictions exist on discussion of homosexuality, contraceptive use by unmarried minors, and abortion. Additional prohibitions exist on topics that never constitute a component of school-based sexuality education, including "unusual sexual acts" (South Carolina) and "erotic techniques of human intercourse" (Maryland).

Among the restrictive legislative provisions are:

- **Louisiana:** "[N]o instruction [sex education] shall be offered in grades K-6. Any subject matter classified as 'sex

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education' presently being taught in grades K-6 should be discontinued." (Guidelines for Instruction of Sex Education, Appendix E: LAWS, Implications of Act 480 (1979)) In addition, R7 17:281 (1970), Instruction in Sex Education, limits discussion of sex education to third grade and higher, excepting Orleans Parish (i.e., New Orleans).

- **South Carolina:** reproductive health education "does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease." (59-32-10, *Comp. Health Education Program Act*)

- **South Carolina:** "The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships, including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases." (59-32-30 (A)(5), *Comprehensive Health Education Program Act*

- **Utah:** "1. The intricacies of intercourse, sexual stimulation, erotic behavior, etc. 2. The acceptance of or advocacy of homosexuality as a desirable or acceptable sexual adjustment or lifestyle. 3. The advocacy or encouragement of contraceptive methods or devices by unmarried minors. 4. The acceptance of or advocacy of 'free sex,' promiscuity, or so-called 'new morality.'" (State Textbook Commission Guidelines as Adopted by the Utah State Board of Education)

Fewer Than Half Designate Key Lead for Sexuality Education
Only 24 states (47 percent) have designated a staff position at the state level as in charge of sexuality education. The majority, 27 states, have not done so.

Selecting Programs: State Advisory Committees Commonly Used Tool
Sixty-two percent of respondents (30 states) have established a state school/community advisory committee to develop, review, or recommend appropriate sexuality education materials and concepts to be taught at various grade levels. These advisory committees reflect the recognition by states that programs are best developed with diverse input from external agencies and representatives. Such input also helps to develop community support for programs and to minimize negative reactions from sectors unfamiliar with programs.

Material Selection Largely Left to Local Discretion
States turn to local discretion on use of curricula, textbooks, and materials in sexuality education programs: 41 states follow an open selection process for

materials to be used at the local level. Only North Carolina and American Samoa mandate curricula, textbooks, or other educational materials for schools, as does the District of Columbia, whose school system is run by the city as well. Thirteen states, the District of Columbia, and Puerto Rico recommend curricula, textbooks, and materials for use.

Seventy-seven percent or 30 respondents (28 states, D.C., and Puerto Rico) utilize a process to adapt and/or review curricula, textbooks, and other materials. An advisory committee is the most commonly used method (25 states and Puerto Rico). Additional mechanisms include staff review (14 states) and "other" (e.g., Centers for Disease Control's content guideline review process for AIDS educational materials, textbook adoption process). Forty-two percent (21 states) suggest such textbooks and/or other curricula not developed by the state. Twenty-nine states do not make such recommendations.

State Monitoring of Programs Infrequent

Only 31 percent of respondents (16 states) monitor the implementation of sexuality education at the local level. In these cases, states use site visits and annual reports to monitor local programs.

Teacher Training: Certification and Training Rare

Only a minority of states require special certification or training for teachers of sexuality education.

> Fourteen states (27 percent) require teachers of sexuality education to be certified in a specific field. Thirty-seven states (72 percent) do not require certification.
>
> Likewise, only nine states (18 percent) require specific training as a condition of teaching sexuality education; 41 respondents do not have any such requirements.

However, 22 states do provide some training on sexuality education; 17 update their training annually.

Sexuality Education is Usually Part of Health Education

Local jurisdictions usually determine how to frame sexuality education instruction within the school program. Sexuality education is typically taught as a component of a variety of broader subjects, most commonly within health education (44 states). Within health education, specific sexuality topics are commonly grouped within a distinct human sexuality or family life section or category; in a handful of states, these topics are also found within other subject areas within health education, such as mental health and personal safety (i.e., sexual abuse).

Other subject areas under which sexuality education is sometimes placed include: home economics (30 states), AIDS (29 states), and science (19 states). For 13 states, physical education serves as the relevant category.

Thirteen states also indicate the "Other" category as the framework for sexuality education; it is unknown how many in this category teach sexuality education as a stand-alone subject.

Sexuality Education Teachers are Drawn from Other Disciplines
Localities are responsible for making a determination as to who teaches sexuality education. Since this varies among jurisdictions, most states indicated that a multitude of disciplines handle instruction. Health education teachers most commonly carry out sexuality education instruction. Many other disciplines are also responsible, including instructors in home economics (36 states), classroom teachers (32 states, especially in elementary grades), and physical education teachers (32 states).

Public health and community agency instructors in 20 and 17 states, respectively, carry out instruction responsibilities. Only 17 states, however, indicate that professional sexuality educators teach sexuality education courses. Fifteen states report that school nurses teach sexuality education.

Parental Opt-Out is Generally Available
Forty-seven states report that parents have the option of excusing their children from all or part of the sexuality education program. Alabama, North Carolina, and South Dakota, which have no policy or statute on sexuality education, did not respond to this question. New York indicates that parental opt-out is a local decision.

Community Controversies are Extensive
Forty-six respondents (92 percent) report community controversies around implementing sexuality education in localities within the state. Only Kentucky, Mississippi, Montana, and the District of Columbia report no controversies.

These findings are consistent with data from the SIECUS Community Advocacy Project, which provides technical assistance to localities and states dealing with sexuality education controversies. Data from the project as of August 1993 report 150 controversies in 37 states, often over adoption of "fear-based" curricula.

"Students will recognize that having sexual thoughts, feelings, desires and physiological responses is a healthy normal part of living and growing for males and females." (grades 7-8)

Arizona: *Comprehensive Health Essential Skills*

States Have Unfinished Business in the Area of Comprehensive Sexuality Education Programs

SIECUS reviewed 28 state curricula or guidelines. All states were asked to submit materials. SIECUS determined that materials from 12 states were deemed inappropriate for the content analysis (see Methodology).

The analysis assessed inclusion in state curricula and guidelines of the six key concepts and 36 topics in the *Guidelines* as representative of a comprehensive sexuality education program. In addition, SIECUS determined the thoroughness of coverage and the grade levels at which topics were included.

The complete content analysis, categorized under the six key concept areas, follows this section. It includes: Human Development, Relationships, Personal Skills, Sexual Behavior, Sexual Health, and Sexuality and Society.

Trends and Key Gaps

Although most state curricula guides cover the majority of the 36 topic areas outlined in the *Guidelines*, gaps in information exist. Most states only briefly discuss or omit entirely sexual behavior and "controversial" topics. Most fail to provide a foundation of learning for children by not covering a range of topics in elementary grades. Abstinence is widely covered but safer sex is rarely addressed. As a result, many sexuality education programs are incomplete.

Topics most commonly and thoroughly covered by states include: body image, reproductive anatomy, puberty, decision-making skills, families, abstinence, sexually transmitted diseases (STDs) and HIV/AIDS, sexual abuse, and gender roles. Other topics covered, albeit not thoroughly, include dating, assertiveness skills, contraception, and reproductive health.

States rarely cover—or only superficially discuss—topics such as sexual behavior, condoms, masturbation, sexual identity and orientation, abortion, and sexuality and religion.

Coverage Varies Widely

The SIECUS review assessed state curricula guides on several levels, including: (1) coverage of the six key concepts; (2) coverage of the 36 topics outlined in the *Guidelines*; and (3) how fully each concept and topic is discussed. On the most general level of analysis (i.e., minimal coverage of the six key concepts), 26 of the 28 state documents cover all six key concepts.

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The next level of review assessed basic coverage of the topics. Of the 36 topic areas:

- 7 states mention/discuss at least 30 of the 36 topics;
- 15 states mention/discuss between 19 and 29 of the topics;
- 6 states mention/discuss between 0 and 18 of the topics.

In assessing thoroughness of coverage, SIECUS established two criteria: coverage at various grade levels, and the level of detail for topic discussion.

TOPICS MOST COVERED

SEXUALITY TOPICS	# OF STATES
Families	28
Decision-making	28
STD/HIV	28
Abstinence	27
Puberty	26
Values	26
Reproductive Anatomy and Physiology	25
Communication	25

TOPICS LEAST COVERED

SEXUALITY TOPICS	# OF STATES
Sexual Identity and Orientation	13
Abortion	11
Masturbation	10
Shared Sexual Behavior	9
Human Sexual Response	4
Sexuality and the Arts	4
Sexuality and Religion	4
Fantasy	1
Sexual Dysfunction	1

NUMBER OF STATES COVERING SEXUALITY TOPICS AT GRADE LEVELS.

SEXUALITY TOPICS	K-3	4-6	7-9	10-12	OVERALL
HUMAN DEVELOPMENT					
Puberty	8	18	14	*	26
Reproductive Anatomy and Physiology	8	18	16	11	25
Reproduction	8	14	13	14	24
Body Image	14	16	13	12	23
Sexual Identity and Orientation	0	0	7	8	13
RELATIONSHIPS					
Families	16	17	14	12	28
Parenting	2	6	11	17	24
Friendship	10	10	12	9	22
Marriage & Lifetime Commitments	0	0	2	11	21
Love	6	8	13	*	19
Dating	1	4	10	11	19
PERSONAL SKILLS					
Decision-making	11	15	16	13	28
Values	6	7	15	9	26
Communication	7	14	13	11	25
Assertiveness	7	9	11	7	23
Negotiation	*	*	15	10	20
Finding Help	9	12	15	14	25
SEXUAL BEHAVIOR					
Abstinence	0	4	12	7	27
Sexuality Throughout Life	2	8	12	9	20
Masturbation	0	4	3	2	10
Shared Sexual Behavior	0	0	3	4	9
Human Sexual Response	0	0	1	2	4
Fantasy	*	*	0	1	1
Sexual Dysfunction	*	*	1	0	1
SEXUAL HEALTH					
STD/HIV	4	13	16	17	28
Sexual Abuse	11	12	10	12	22
Reproductive Health	0	5	9	13	22
Contraception	0	1	10	10	21
Abortion	0	1	5	5	11
SEXUALITY AND SOCIETY					
Gender Roles	8	12	12	9	21
Diversity	9	6	6	*	18
Sexuality and Society	*	*	7	5	14
Sexuality and the Media	4	6	8	*	13
Sexuality and the Law	*	*	2	5	12
Sexuality and the Arts	*	*	3	3	4
Sexuality and Religion	0	1	1	2	4

* Guidelines do not include topic coverage for these grade levels.

VALUES

Values inherent in the Guidelines that are indicated in State Documents

The *Guidelines for Comprehensive Sexuality Education, K-12* were developed based on specific values related to human sexuality. The National Guidelines Task Force carefully developed a list of 15 value statements that they believed reflected the beliefs of most communities in a pluralistic society.

A majority of the state guidelines (17 out of 28) included value statements that provide a positive view of sexuality. Most (22 states) include statements that sexuality has physical, ethical, spiritual, psychological, and emotional dimensions. A majority (18 states) have statements affirming sexuality as a natural and healthy part of life. One example is that of Rhode Island's Perspective statement to teachers of Sex and Family Life, K-3:

> It is imperative that positive attitudes toward one's self are encouraged in the classroom and that the children receive a basic understanding of human sexuality concepts. Sex and family life education can assist children in developing good feelings about themselves and their bodies, and in realizing that there are many healthy choices regarding feelings, friendships and in being male or female. If a child's first sex and family life educational experience is positive, it will reinforce respect of self and others and the value of the family, and serve as a supplementary force in setting the foundations for healthy sexuality in children.

States are far more likely to include values about the consequences of sexuality than any other values, including: all sexual decisions have effects or consequences (24 states); abstaining from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV/AIDS infection (22 states); and premature sexual involvement poses risks (22 states). Twenty-one states indicate that sexual relationships should never be coercive or exploitative. Twenty states include values on the benefits of communication between parents and children on sexuality.

Despite the overall affirming tone of the guides, few states actually affirm a positive view of adolescent sexuality. Although 27 states affirm abstinence for adolescents (for STDs, HIV/AIDS and pregnancy prevention as well as support for the general concept), only seven states acknowledge that young people explore their sexuality as a natural process of achieving sexual maturity. Only 17 states affirm that young people who are involved in sexual relationships need access to information about contraception and STD and HIV/AIDS prevention services.

KEY CONCEPT #1: HUMAN DEVELOPMENT

Human development is characterized by the interrelationship between physical, emotional, social and intellectual growth.

TOPICS: reproductive anatomy, reproduction, puberty, body image, sexual identity and orientation.

All 28 reviewed curricula/guidelines include the Human Development concept. Of the five topics under Human Development, four are covered by at least 23 state guides. Only the following 13 states cover sexual identity and orientation: Alaska, California, Idaho, Illinois, Iowa, Kansas, Maine, Nebraska, New Jersey, Rhode Island, Utah, Virginia, and Washington.

Human Development topics are less likely to be included in grades K-3 but are introduced by grade 4 by approximately two-thirds of the states.

Body Image, Puberty, Reproductive Anatomy. Body image, puberty, and reproductive anatomy are on average the most consistently covered Human Development topics in grades K-12. States that cover these topics most extensively (i.e., repeated over the grade levels, with varying levels of detailed discussion) include: Arizona, Arkansas, Idaho, Iowa, Kansas, Nebraska, Nevada, New Jersey, Rhode Island, Utah, Vermont, Virginia, and Washington.

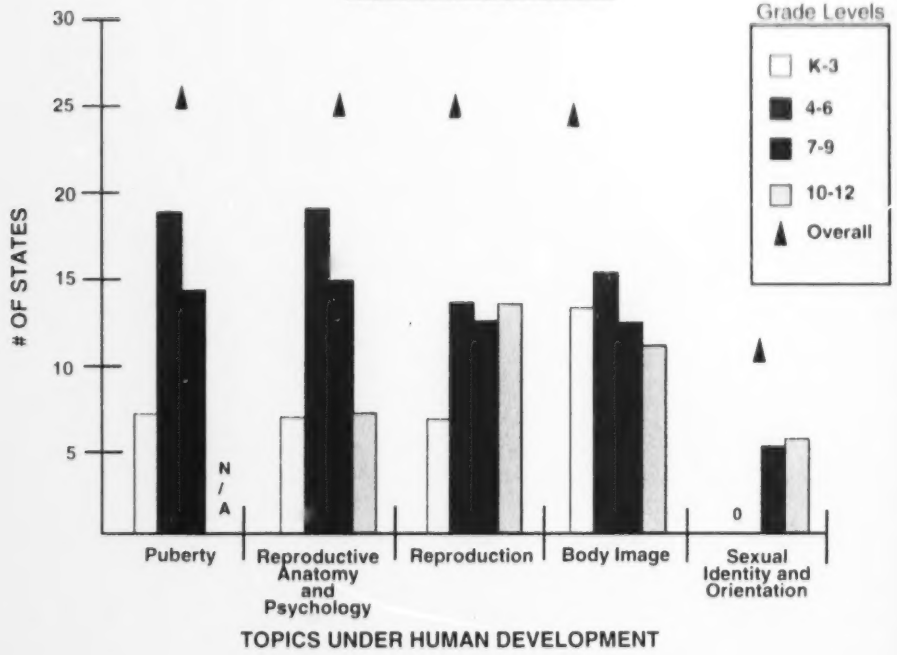
All three of these topics are generally framed as anatomy or physiology. For instance, reproductive anatomy typically is limited to naming of sexual organs and only rarely includes the concept that the human body has the capability to reproduce as well as to give and receive pleasure. Erections, ejaculation, and the clitoris are mentioned by only a few states. Utah, however, provides an extensive discussion of male and female reproductive systems, including reproductive as well as pleasure concepts.

Body image is widely covered, with extensive messages about variations in body shapes and sizes. Common are messages conveying to adolescents the importance of respecting variations among body types. Nevada provides repeated, although brief, messages in grades K-12 on body image, respect for variation among individuals, and explanation of the roles of heredity, nutrition, and exercise on development. Virginia also repeats body image topics through grades K-12 and provides "descriptive statements" for teachers on this and other topics, including a grade 3 exercise that uses expressive media (exercises, games, art, music) to have children affirm a positive self-image.

Reproduction. Reproduction—which includes messages that define sexual intercourse, the process of conception, ovulation, and ejaculation—is less likely to be covered at each grade level than other Human Development topics. Slightly more than half of state guides have such messages at the grade level groupings. This suggests a tendency for states to steer away from topics that touch upon sexual activity, even when associated with reproduction. California even has a policy statement that "instruction relative to human reproduction should not be introduced prior to the fourth grade."

Sexual Identity and Orientation. When discussed, sexual identity and orientation is largely limited to definitions of homosexuality, heterosexuality, and bisexuality. No state directly characterizes homosexuality as deviant behavior. Georgia, in a Grade 2 section on diversity and respect for others contained in a mental health component of the curriculum, specifically excludes sexual identity and orientation as part of the discussion. Most other states fail to provide anything but basic definitions. All states frame discussions of intimate relationships or dating situations exclusively within the context of male-female scenarios. Only four states (Alaska, Maine, Nebraska, Rhode Island) include messages that affirm sexual identity and orientation—whether heterosexual, homosexual, or bisexual—as an essential quality of personality.

HUMAN DEVELOPMENT TOPICS COVERED BY STATES AT GRADE LEVELS



KEY CONCEPT #2: RELATIONSHIPS

Relationships play a central role throughout our lives.

TOPICS: families, friendship, love, dating, marriage and lifetime commitments, parenting

All 28 state guides include the Relationship concept, most commonly covering family (all states), parenting (24 states), and friendship (22 states). Love and dating, however, are covered by only 19 states. Surprisingly, these topics are often not introduced until middle school or later, although most children are exposed to these issues.

Family. Family topics are more likely to be included in younger grades; only 12 states have identifiable family messages in grades 9-12. Like Missouri, many states devote attention to messages that stress the variations in family structure, factors that cause change and stress, and the importance of responsibility and communication among family members. Iowa, which is among the state guides with the most thorough coverage of Relationships topics, has particularly extensive coverage of families. It includes outcomes and extensive listings of developmental messages, along with relevant activities.

Parenting and Marriage. Parenting and marriage are typically reserved for later grades, perhaps when schools feel that students are approaching adulthood and the potential for parental responsibilities. In grades K-3, only two states cover parenting; in 4-6, only six states cover this topic. Surprisingly, no states discuss marriage before the seventh grade. The *Guidelines* include extensive developmental messages that are appropriate for elementary aged children on these topics.

Dating. Love and dating are more likely to be covered at higher grade levels. Only one state, Nebraska, has a clear dating message in grades K-3; four do so in grades 4-6 (Arkansas, Montana, Nevada, and Rhode Island). The *Guidelines* introduce messages on dating for elementary grades by such concepts as: "When two teenagers or unmarried adults spend their leisure time with one another, it is often called dating" (K-3) or "Before people commit themselves to a relationship, they should be friends, spend time together, and get to know one another well." (4-6)

In sixth grade, Arkansas calls for teachers to "[d]efine dating," followed by a grade 7-8 message to relate the role of dating as a possible stage in preparation for marriage. Montana's sixth grade dating topic is "identify criteria for acceptable dating behavior." In sixth grade, Rhode Island states: "The student discusses the aspects of dating and concludes that dating is an activity you should discuss with your parents."

Dating messages increase dramatically in later grades. The total jumps to 10 and 11 states in, respectively, grades 7-9 and 10-12. Rhode Island provides extensive messages about dating and relationships, defining these messages within the context of young adolescence (i.e., beginning in seventh grade) as a period of time of changing "relationships and responsibilities within their family, peer groups and the community."

Utah also provides extensive discussion of dating in its high school guide, including criteria for dating, qualities of a relationship, and setting limits on a date. However, Utah states, without substantiation, that "[s]tudents who begin dating early are more likely to become sexually active at earlier ages."

Love. Only six states include love as an explicit topic in grades K-3 (California, Iowa, New Jersey, Rhode Island, Virginia, and Washington). Examples of elementary grade level love messages contained in the *Guidelines* include: "Love involves rewards and responsibilities" (K-3) and "People are capable of giving and receiving love." (4-6).

Only thirteen states cover the love topic in grades 7-9. California, Illinois, Kansas, Nebraska, Nevada, and Rhode Island are among the relatively small number of states that describe types of love (i.e., infatuation, first love, 'mature love"). California and Rhode Island specifically explain that dating and love are not synonymous with sexual intercourse. It is indeed perplexing that love is often not covered in sexuality education programs.

"As a result of educational experiences, students will...recognize the sex drive as a normal component of growth and development. Each society has developed value systems relating to sexual behavior. Most cultures consider the human sex act to be a means of communicating love as well as a means of having children and it is usually accompanied by a strong emotional and personal commitment."

Alaska: ***Alaska: Notes and Resources for Family Life Education in Alaska, A Guide for Educators and Parents***

KEY CONCEPT #3: PERSONAL SKILLS

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

TOPICS: values, decision-making, communication, assertiveness, negotiation, finding help.

All states cover the Personal Skills concept. Decision-making is included in all 28 state documents. Other frequently covered topics include values (26 states), communication (25 states), and finding help (25 states). Decision-making and communications topics are often linked together in developmental messages. The assertiveness topic is covered clearly in 23 states. Twenty states cover negotiation topics.

Some states have extensive discussion of skills. Arizona's K-12 guide, for example, contains extensive discussion about Personal Skills under a "Life Management Skills" section, covering such topics as stress management, communication, decision-making, and assertiveness.

For specific grade levels, communication and assertiveness are included in only one-third of states which cover these topics. Failure to discuss communication and assertiveness more widely reflects state guide weaknesses in not suggesting specific skills and skills-building opportunities.

The *Guidelines* include key Personal Skills messages that involve skills utilized in general situations as well as in specific sexual contexts (e.g., how to handle dating situations, responding to peer pressure, and open communication about sexual issues). Some state guides cover both types of skills scenarios. However, most typically do not contain specific information about dealing with sexual situations; they limit their focus on general concepts of decision-making and communication. This usually involves instruction on avoiding or resolving conflict within the family and resisting peer pressure.

When states do discuss Personal Skills covering sexual situations, they tend to focus on "just say no." Relatively few state documents provide detailed information about responding to pressures to become sexually active. Those states with extensive skills discussion framed for sexual situations are Alaska, Iowa, Kansas, Missouri, Nebraska, Nevada, Rhode Island, Utah, and Virginia.

Values. An important goal of comprehensive sexuality education is to help young people identify and live according to their values. The development of personal values is typically framed in terms relative to values of the family. Among those few states that discuss the diversity of values specific to sexuality is Nebraska, which states that "[s]exual behavior is influenced by

family, cultural, social, moral, personal, and religious values." Only six states have specific values skills development in K-3; seven states cover values clearly in grades 4-6. Although this number jumps to 15 states for grades 7-9, for high school only nine state guides have clear sections on identifying and living by one's values.

Decision-making. With the exception of grades K-3, decision-making is clearly covered by approximately half or more of the state guides. At the K-3 grade level, only 11 of 28 state guides have clear decision-making messages, despite the fact that children at these ages are beginning to make simple decisions for themselves.

Communication. Developing good communication skills is an important goal of comprehensive sexuality education and should begin at the earliest levels. Yet, only seven of the 25 state guides covering communication have clear messages in grades K-3. Half have clear messages at subsequent grade levels.

Assertiveness. Assertiveness is less likely to be clearly stated as compared to other Personal Skills topics. For grade levels K-3, 4-6, and 10-12, only one third have clear messages. For grades 7-9, one half have clear assertiveness messages. Young people at all ages need to understand the importance of communicating their feelings and needs in a way that respects the rights of others.

Negotiation. The least likely of the skills topics to be covered by states, only 20 of 28 state guides cover negotiation. The *Guidelines* outline negotiation messages for grades 7-12. The content analysis reveals that 15 of the 20 states have clear messages for grades 7-9; 10 states do so for grades 10-12.

Finding Help. A critical goal of comprehensive sexuality education is to help young people identify additional sources of assistance for questions and concerns about sexuality. Teens need support in accessing sexual health services. Twenty-five states provide messages for finding help from family, friends, or professionals in dealing with problems. The three states that do not include this topic—Colorado, Michigan, and Tennessee—all have very brief guidelines.

...regardless of our specific attitudes and opinions about certain issues, we all desire that same outcome: to help children grow up to be healthy, responsible, caring contributors to our world."

Alaska: *Alaska: Notes and Resources for Family Life Education in Alaska, A Guide for Educators and Parents*

KEY CONCEPT #4: SEXUAL BEHAVIOR

Sexuality is central to being human and individuals express their sexuality in a variety of ways.

TOPICS: sexuality throughout life, masturbation, shared sexual behavior, abstinence, human sexual response, fantasy, sexual dysfunction.

Twenty-seven states cover the Sexual Behavior concept, although most do so only briefly. Abstinence is by far the most commonly covered sexual behavior topic: 27 states thoroughly cover abstinence as an important component of sexuality education. Twenty state guides include positive statements that reflect the overall topic sexuality throughout life, suggesting that sexuality is a natural and healthy part of living.

Coverage of Sexual Behavior topics rarely goes further. Very few states discuss any sexual behavior except abstinence. Masturbation, shared sexual behavior, human sexual response, fantasy, and sexual dysfunction are the topics least likely to be discussed by any state curricula guides.

Abstinence. Abstinence is covered explicitly by all but one state. Delaware is the exception because their guide covers only grades K-6, where abstinence and other messages on sexual behavior are very rarely found in any of the state guides. (Likewise, the *Guidelines* include only two specific messages about abstinence for grades K-6, whereas other *Guidelines* topics on average include more specific messages at this grade level.)

Abstinence is typically framed as the preferred and acceptable option for adolescents. States usually discuss it in terms of: children not being ready for sexual intercourse; value statements that individuals should remain abstinent until adulthood or marriage; or that abstinence is the only 100 percent effective method of avoiding STDs, HIV/AIDS, and pregnancy.

Typical state comments about abstinence include:

> **Rhode Island:** "It is crucial that young adolescents [grades 7-8] understand that all individuals are sexual beings, that sexual feelings are natural and normal but that control and responsibility is inherent in maturation....it is important that young adolescents recognize that abstinence from sexual intercourse is the preferred behavior and that positive self esteem is a crucial ingredient for healthy sexuality." - *Comprehensive Health Instructional Outcomes-*

Alaska: "Abstinence from sexual involvement should be promoted for teenagers, given the negative and sometimes severe physical and emotional consequences of early sexual activity." -Alaska: Notes and Resources for Family Life Education in Alaska, A Guide for Educators and Parents-

Kansas: "Abstinence can be a positive choice regarding sexual behavior for teenagers....Sexually active teenagers may be faced with the need to make many more difficult decisions....The best method of prevention of STD's and AIDS is abstinence." - *Human Sexuality and AIDS Education Addendum.*

Sexuality Throughout Life. Of the 20 states that cover the topic sexuality throughout life, the majority are framed as general statements about sexuality being a natural and healthy component of total well-being. Rarely, however, do states mention sexual pleasure.

Following are examples of affirming statements in state documents in reference to sexuality throughout life:

Arizona: "Students will recognize that having sexual thoughts, feelings, desires and physiological responses is a healthy normal part of living and growing for males and females." (grades 7-8) *-Arizona Comprehensive Health Essential Skills.*

Florida: "The best and most appropriate reasons to offer sexuality education programs are to...increase the attitude that sexuality is a normal and positive part of human existence." *-Hot Topics: Comprehensive Health and Sexuality Education.*

Alaska: "As a result of educational experiences, students will...recognize the sex drive as a normal component of growth and development. Each society has developed value systems relating to sexual behavior. Most cultures consider the human sex act to be a means of communicating love as well as a means of having children and it is usually accompanied by a strong emotional and personal commitment." *-Alaska: Notes and Resources for Family Life Education in Alaska, A Guide for Educators and Parents.*

Iowa: "When human sexuality is viewed as a life-long process and its components are seen as normal parts of individual growth and relationships, then discussions about the prevention of sexually related behaviors that put students at risk will be seen as a progression toward responsible decision-making and problem resolution." -*Human Growth and Development: A Guide to Curriculum Development.*

Maine: "Sexuality is a natural and positive aspect of being human." -*Maine Guidelines for Family Life Education, Values to Promote in Family Life Programs.*

Virginia: "The student will recognize the development of sexuality as an aspect of the total personality." -*Virginia: Family Life Education.*

Masturbation, Shared Sexual Behavior, Human Sexual Response, Sexual Dysfunction, Fantasy. Each of these topics is covered by only a minority of the state documents. Masturbation is discussed by only 10 of the 27 states covering sexual behavior.

Only nine states cover the topic shared sexual behavior (i.e., individuals express their sexuality with a partner in diverse ways). No state mentions this topic below the seventh grade level. Only four states cover the topic human sexual response (Alaska, Iowa, Kansas, and Maine). For example, Kansas states, for junior high students: "Sexual stimulation relates to the stages of the sexual response cycle (sex drive, masturbation, etc.)." Only one state, Iowa, discusses sexual dysfunction (i.e., "the inability to express or enjoy sexuality"). Iowa's coverage of dysfunction reads: "Understand terminology that relates to diseases, dysfunctions, or disorders of the male/female reproductive/sexual system."

Although it is very brief coverage, New Jersey is nonetheless the only state including the topic fantasy (i.e., "Sexual fantasies are common."). Under the category of "sexual expression" for grades 10-12, New Jersey's guide lists for educators a full range of human sexual behaviors that could be addressed at this grade level, including "such topics as influences of society, kissing, petting, necking and fondling, sexual intercourse, masturbation, fantasy."

"Sexuality is a natural and positive aspect of being human."

Maine: *Maine Guidelines for Family Life Education, Values to Promote in Family Life Programs*

KEY CONCEPT #5: SEXUAL HEALTH

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

TOPICS: contraception, abortion, sexually transmitted diseases and HIV infection, sexual abuse, reproductive health.

All state guides include topics about the Sexual Health concept, with the most common being sexually transmitted diseases (STD) and HIV/AIDS, which is covered by all 28 states. STD/HIV is also more likely to be covered at the specific grade levels, although—as with all Sexual Health topics—few do so at grades K-3. Sexual abuse, reproductive health, and contraception topics are covered by, respectively, 22, 22, and 21 states. Abortion is covered by only 11 states.

STDs and HIV Infection. STDs and HIV infection are more likely to cover HIV/AIDS than STD, although coverage of both topics is common. Only four states cover the topic in grades K-3. Only half (13 states) cover STD/HIV in grades 4-6. Relevant STD/HIV messages that the *Guidelines* outline for, respectively, K-3 and 4-6 include: "Children do not need to worry about becoming infected with HIV or STD" and "STDs include diseases such as gonorrhea, syphilis, HIV infection, chlamydia, genital warts, and herpes." For grades 7-9 and 10-12, 16 states and 17 states respectively include specific STD/HIV messages.

Sexual Abuse. After STD/HIV topics, sexual abuse topics are the next most commonly discussed in this category, with fairly equal coverage from grades K-12. Of the 22 states which cover sexual abuse, from 10 to 12 states have clearly delineated messages in the grade level groupings K-3, 4-6, 7-9, and 10-12. Many states, however, frame the topic largely in terms of concern over sexual abuse by strangers, even though most perpetrators are relatives or acquaintances.

Reproductive Health. Reproductive health topics typically are discussed in terms of the importance of prenatal care for pregnant women. A few states include information about genetic disorders. Alaska is among the few states that discuss the importance of genital health. Although covered by 22 states, reproductive health topics are not explicitly stated in any state guides for grades K-3; only 5 states clearly include related topics in grades 4-6.

Contraception. Contraception is covered by 21 states, primarily in secondary grade levels or in overview language not specific to grade levels. Only Iowa clearly includes introductory material at any elementary grade level (i.e., grades 4-6) (i.e., "List methods that prevent conception"; "Understand rights and responsibilities related to the use of birth control

methods and/or professional birth control services"). Only ten of the 21 states have clear contraceptive messages in grades 7-9; ten states do so in grades 9-12. States vary as to which details they discuss concerning contraception, from simply identifying the concept to explaining the range of contraceptive techniques and relative effectiveness. Discussing contraceptive use with a partner is rarely covered.

Abortion. Abortion, mentioned by only 11 states, is not covered by any states in grades K-3 and is only mentioned by one state, Iowa, in grades 4-6 (i.e., as a vocabulary term). Only five states clearly discuss abortion in grades 7-12. Examples include:

> **Nebraska:** "Understand the historical, legal, and medical aspects of abortion." *-A Comprehensive Health Education Curriculum Guide (Family Life Education, grades 7, 8, 9).*

> **Washington:** "Consider the consequences and options available regarding pregnancies: abortions, adoptions, single parenting, marriage." *-Health Education Curriculum Guidelines (grades 9-12).*

"When human sexuality is viewed as a lifelong process and its components are seen as normal parts of individual growth and relationships, then discussions about the prevention of sexually related behaviors that put students at risk will be seen as a progression toward responsible decision making and problem resolution."

> **Iowa:** ***Human Growth and Development: A Guide to Curriculum Development***

KEY CONCEPT #6: SOCIETY AND CULTURE

Social and cultural environments shape the way individuals learn about and express their sexuality.

TOPICS: sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the arts, sexuality and the media

Although 27 states cover the Society and Culture concept, most state guides cover specific topics in this area through discussion of gender roles and diversity. Other topics—including sexuality and society, sexuality and the media, and sexuality and the law—are covered in approximately half of state guides.

Gender Roles. Twenty-one states discuss gender roles through messages that stress cooperation and mutual respect between the sexes, as well as messages against unequal treatment of females and the breakdown of gender stereotypes.

Diversity. Eighteen states cover diversity (i.e., respect for others and opposition to discrimination). Most do so in general terms regarding opposition to discrimination and intolerance. However, most states do not specify respect for sexual diversity (e.g., gender, appearance, sexual identity and orientation).

Sexuality and Society. Fourteen states include positive statements about the sexuality and society topic (i.e., society influences what people believe and how they feel about sexuality). Most often, these acknowledge the variety of opinions and diverse messages and perspectives on sexuality that exist in society.

Sexuality and Media, Sexuality and Arts, Sexuality and Law. Surprisingly, even though much public attention has been given to the influence of the media and arts on sexuality, relatively few states cover these topics. Only 13 states discuss sexuality and the media. Even fewer, four states, discuss the arts and sexuality. Relatedly, only 12 states discuss sexuality and the law (e.g., discussion of laws governing sexual and reproductive rights). When discussing legal issues, states tend to either cover abortion laws or are not specific as to content of the discussion.

Sexuality and Religion. Sexuality and religion is a rarely discussed societal topic, covered by only four states (Maryland, Nebraska, Rhode Island, and Washington). Discussion includes: the influence of religious views about family planning, conflicts between religious and societal values over sexuality, and the importance of religion in forming attitudes about love and sexuality.

In response to the findings from this study, SIECUS has developed a series of recommendations for states to assist in enhancing sexuality education programs. Listed below, these recommendations address: curriculum and guideline development, development and implementation of sexuality education programs, monitoring of local programs, and teacher training. **SIECUS encourages state departments of education to:**

- **Designate a Single State Point of Contact Position for Sexuality Education.** Every state education agency should designate a specialist trained and experienced in sexuality education issues to develop and monitor the state program.

- **Develop State Sexuality Education Curricula/Guidelines.** Each state should develop guidelines/curricula providing strong guidance to local schools on conducting comprehensive sexuality education programs.

  State sexuality education guidelines and curricula should:

  1) cover kindergarten through grade 12;

  2) include all topics at the appropriate grade level;

  3) provide a balance between the positive and negative consequences of sexuality, including balancing abstinence and safer sex messages for adolescents;

  4) directly address sexual issues in adolescent programs.

- **Use the *Guidelines for Comprehensive Sexuality Education, K-12* as a Resource.** States should review the *Guidelines for Comprehensive Sexuality Education, K-12* as the basis for state curricula/guidelines. State education agencies should explicitly discuss whether to expand programs to include topics and concepts determined to be missing by the SIECUS content analysis.

- **Integrate Sexuality Education Within Comprehensive Health Education.** States should include sexuality education requirements in comprehensive health education legislation and policy.

- **Obtain Guidance Through Advisory Committees.** All states should form statewide committees—broadly representative of the diversity within the state—to provide advice and input on the formulation of state sexuality education programs.

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- **Share Information Among States.** Information sharing should occur among states through a national clearinghouse activity on innovative state approaches to sexuality education curriculum and guideline development, teacher training, program development, and evaluation.

- **Require Teacher Training and Certification.** States should require teacher training and certification in sexuality education for those who provide such instruction as well as ongoing evaluations and continuing education requirements.

- **Support Local Program Development.** States should fund teacher training, technical assistance, materials development, and demonstration projects. States should also assist local school districts in planning and implementing comprehensive sexuality education programs.

- **Monitor Local Programs.** States should develop mechanisms for monitoring local implementation of state sexuality education guidelines and curricula. Monitoring may take the form of regular surveys of local school districts, periodic site visits, teacher evaluations, and required reporting by local school districts on their program activities.

- **Provide Guidance on Textbooks and Materials.** States should recommend or approve textbooks and teaching materials in order to assist teachers and local school districts in identifying quality materials. Many commercially-prepared materials are available and national organizations also exist to provide support or assistance.

- **Respond to Opposition.** States should provide assistance to communities in responding to opposition to sexuality education programs.

- **Develop Skills of Key Personnel on Advocacy for Comprehensive Sexuality Education.** Training of teachers and administrators might include providing educators with information on the rationale for programs and how to disseminate this knowledge to parents and the community.

Alaska

Alaska's guide is a distinct sexuality education resource guide for health educators for grades 7-12. The guide, *Notes and Resources for Family Life Education in Alaska*, is unlike most other state documents in that it does not provide a structured outline of concepts and topics, nor does it break down messages by specific grade levels. Rather, the document covers a wide range of topics through an orderly format designed for individual instructors.

Topics Covered: All six of the key concepts and 32 of the 36 topics are covered. All of the values inherent in the *Guidelines* are contained in the Alaska document.

The Alaska guide provides extensive coverage of all concept areas. The strong and positive perspective on sexuality inherent in the guide is reflected in the guide's nonjudgmental and straightforward discussion of topics covered weakly or omitted altogether by other states, such as: dating, love, puberty, sexual identity and orientation, assertiveness, negotiation skills, masturbation, shared sexual behavior, and human sexual response.

Structure of Document: Sections in Alaska's guide include: Concepts, Goals, and Strategies; Teaching Techniques; and Answers to Common Questions. Additional sections—Resources, and a reading list—round out the guide. Alaska's guide is distinct from other state documents in that it is tailored to providing individual instructors with guidance on how to carry out family life and sexuality education instruction. The Concepts, Goals, and Strategies provide an understandable and clear rationale for the purpose of sexuality education and contains a helpful section, Strategies for Parent Involvement.

Iowa

Iowa has developed a highly structured sexuality education guide which outlines core areas comprising sexuality education, their interrelationship, and integration within other subject areas. The document, *Human Growth and Development*, covers grades K-12, with topics and messages organized for grade level groupings K-3, 4-6, 7-8, and 9-12. The bulk of the guide is structured around "student outcome statements." Corresponding key features include vocabulary terms, sample activities, and resources.

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Topics Covered: All six of the key concepts and 34 of the 36 topics are covered. All of the values inherent in the *Guidelines* are contained in the Iowa document.

Unlike the vast majority of states, Iowa's guide covers most topics at all grade levels, with the exception of the Sexual Behavior concept. Key features include the Relationships concept area, which contains strong detailed messages on developing relationships, and the concept area Personal Skills (including extensive discussion of values).

Additional topics covered exceptionally well throughout grades K-12 are: reproductive anatomy and physiology, reproduction, friendship, parenting, communication and assertiveness, sexuality throughout life, masturbation, contraception, sexual abuse, sexuality and society, gender roles, and diversity.

Structure of Document: Iowa's guide is structured under three major components: Life-Span Development, Life Skills, Human Sexuality, and Prevention/Intervention. The Prevention and Intervention expands beyond sexuality to include substance abuse and suicide components. Components of each section include: "objectives, student outcomes; vocabulary; infusion into other horizontally articulated curricula; recommended integration into other subject areas; and student activities and resources."

The guide identifies "dynamic life processes" that are included throughout (e.g., self-esteem, responsible decision-making, stress management, personal responsibility, and communication).

Kansas

The Kansas Guide, *Human Sexuality and AIDS Education Guidelines Addendum*, is a distinct sexuality education guide covering grades K-12. Topics are grouped under four grade level groupings: K-3, 4-6, 7-8, and 9-12. The guide outlines topics under relevant objectives statements and corresponding developmental messages. Possible learning activities provide a framework for actual classroom instruction.

Topics Covered: All six of the key concepts and 29 of the 36 topics are covered. All of the values inherent in the *Guidelines* are contained in the Kansas document.

The Kansas guide's most extensive coverage is in the con-

cept areas Human Development, Relationships, and Personal Skills. The Relationships concept covers families and friendship extensively in grades K-12. A separate Parenthood Education component also is contained in the guide.

Sexual Health and Sexual Behavior topics are covered. The guide provides a positive framework on sexuality. The four topics covered include: sexuality throughout life (grades 4-12), masturbation (grades 7-8 only), abstinence (grades 7-12), and human sexual response (grades 7-12).

The Society and Culture concept area also receives coverage. Four of the seven topic areas are covered: gender roles, and diversity are well covered (grades 4-12). Sexuality and the media receives adequate coverage.

Structure of Document: The bulk of the Kansas guide's relevant topic coverage is contained in its Addendum component, entitled Human Sexuality and AIDS Education. Sections are organized under: Sexuality, Personal Relationships, Sexual Responsibility, Parenthood Education, Positive Self-Esteem, Communication Skills, Physical Growth and Development, Emotional Development, and Abuse and Violence.

Kansas also has developed separate documents as part of its sexuality education materials, including: Program Development and Resource Selection (criteria for developing a program); Curriculum and Staff Development (e.g., recommended topics, teaching strategies, in-service staff training); and Program Evaluation and Parent Education.

Rhode Island

Rhode Island's guidelines are contained within the framework of the state's comprehensive health guidelines document (*Comprehensive Health Instructional Outcomes*). This structure parallels Rhode Island's state law and state education agency policy, which mandates K-12 family life and sexuality education within the context of a comprehensive health program for the state's schools.

Topics Covered: The document covers all six key concepts and 30 of the 36 topics. Topics are covered in a developmentally-appropriate manner. Generally, most topics are covered in the relevant grade level groupings (K-3, 4-6, 7-8, and 9-12). All of the values inherent in the *Guidelines* are contained in the Rhode Island document.

The guide includes relatively extensive coverage of topics in the Human Development, Relationships, and Personal Skills concept areas. Rhode Island's guide is also more likely than other state guides to cover topics in these concept areas in the elementary grades.

Topics covered extensively by Rhode Island include: reproduction, sexual identity and orientation, love, dating, and parenting. A discussion is provided for assertiveness, negotiation, contraception, and sexuality and the media. Basic discussion of abortion is included.

Relationships topics are generally well-covered. Dating is covered extensively and far more than by most states. Love is also covered more thoroughly than by other states.

Among Sexual Health topics, sexual abuse and reproductive health are addressed in the elementary grade levels. All sexual health topics are well-covered in grades 7-12. Contraception, first raised in seventh grade, includes discussion of the "basic purposes, advantages and disadvantages of available contraceptive methods."

The concept area least covered is Sexual Behavior, wherein only three topics are covered: sexuality throughout life, shared sexual behavior, and abstinence.

Finally, five of the seven Society and Culture topics are covered, which is above-average as compared to other states. Topics most extensively covered include gender roles (which is also covered by many other states) and sexuality and the media. Rhode Island is also only one of four states that covers sexuality and religion.

Structure of Document: The document contains five clusters, including: Sex and Family Life Education, Mental Health, Personal and Physical Health, Community and Environmental Health, and Personal Safety and Accident Prevention. Expected outcomes are indicated for grade groupings K-3, 4-6, 7-8, and 9-12. For Sex and Family Life Education, each expected outcome is noted for the most appropriate single grade level.

RESOURCES

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National Association of
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Alexandria, VA 22314
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National Center for Health Education
72 Spring Street, Suite 208
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National Education Association
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National School Boards Association
1680 Duke Street
Alexandria, VA 22314
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People for the American Way
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[redacted]

Alaska	7-12	Notes and Resources for Family Life Education in Alaska: A Guide for Educators and Parents (1990)
Arizona	K-12	Arizona Comprehensive Health: Essential Skills (August 1990); Arizona State Board of Education, A.G. Rule R89-030
Arkansas	K-12	Health Education: A Comprehensive Approach to Health Education
California	K-12	Family Life/Sex Education: Guidelines (1987)
Colorado	K-12	Colorado Comprehensive Health Education Act Guidelines (1991); Colorado Comprehensive Health Education Act (1990)
Delaware	K-6	What Makes Me Tick: Health and Safety Lesson Plans (1987)
Florida	6-12	Hot Topics: Comprehensive Health and Sexuality Education (1990)
Georgia	K-12	Quality Core Curriculum Health and Safety: Comprehensive Health and Physical Education Program Plan
Idaho	K-12	Idaho Secondary Health Education Course of Study, 7-12 [includes K-6 overview section] (1990)
Illinois	K-12	Policy Statement and General Guidelines on Family Life and Sex Education (1993)
Iowa	K-12	Human Growth and Development: A Guide to Curriculum Development (1989)
Kansas	K-12	Human Sexuality and AIDS Education Addendum (1991)
Maine	K-12	Maine Guidelines for Family Life Education

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Maryland	K-12	Health Education: A Maryland Curricula Framework
Michigan	K-12	Guidelines for Sex Education Including Reproductive Health and Family Planning (1991)
Missouri	K-12	Missouri School Improvement Standards (1989)
Montana	K-12	Health Education Curriculum Planning Guide
Nebraska	K-12	A Comprehensive Health Education Curriculum Guide (1993)
Nevada	K-12	Elementary Course of Study; Secondary Course of Study (1992)
New Jersey	K-12	Family Life Education (1989)
New Mexico	K-12	New Mexico Competency Frameworks (1992)
New York	K-12	Health Education Syllabus, Grades K-12 (1986)
Rhode Island	K-12	Comprehensive Health Instructional Outcomes (1992)
Tennessee	K-12	Family Life Education Recommendations for Implementation
Utah	7-12	A Resource Guide for Parents and Teachers on Teaching Human Sexuality (1992)
Vermont	K-12	Framework for the Development of a Health Education Scope and Sequence
Virginia	K-12	Family Life Education (1987)
Washington	K-12	Health Education Curriculum Guidelines (1989)

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This report is dedicated to the memory of Dr. Barbara Whitney, SIECUS Executive Director from 1978-1985. Her commitment to the health and education needs of America's young people is an inspiration to us all.

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